|       | APPLICA                                  | TION FOR UNDER   |                                 | AGE TANK              |
|-------|--|--|---------------------------------|-----------------------|
| (     | DEC                                      |  | ERTIFICATION<br>EERTIFICATION)  |                       |
| 11 39 | Please print or                          | INDIVIDUAL C<br>r type. Failure to answer all ques                                 |                                 | on to be reiected.    |
|       | •  | of Environmental Quality   | STATE US                        |                       |
|       | •  | vironmental Services   | Reviewed by:                    |                       |
|       |  | Waste Permits Division   |                                 |                       |
|       | Solid & Haz<br>Post Office               | ardous Waste Permits Section   | Date Reviewed:  Approved:       | Deficiencies:         |
|       |  | e, LA 70821-4313   | Approved.                       | Deliciencies.         |
| Α.    | PERSONAL                                 | 0, 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  | l                               |                       |
|       | Name (last, first and                    | d middle) Ms. 🗌 Mr. 🗌  | Social Security Number:         | Date of Birth         |
|       |  |  |                                 |                       |
|       | Mailing Address (str                     | reet name, P. O. Box or rural r  | route and box number)           |                       |
|       | ,  |  | ,                               |                       |
|       | City/Town                                |  | State:                          | Zip Code:             |
|       | Oity/10WII                               |  | Otate.                          | Zip Oode.             |
|       |  |  |                                 |                       |
|       | Home Telephone N                         | umber:   | Daytime Telephone Numbe         | r:                    |
|       | ( )                                      |  | ( )                             |                       |
| B.    | TYPE OF CERTIFIC                         | CATION REQUESTED:  |                                 |                       |
|       | ☐ Installation/Rep                       | pair Llosure   | Installation/Re                 | epair/Closure         |
| C.    |  | CE (Start with your present of   |                                 |                       |
|       |  | ded in Part C of this application w  |                                 |                       |
|       |  | ce in UST work or UST related work.  Also, estimate the percentage.                |                                 |                       |
|       |  | BLE. If additional space is neede  |                                 |                       |
|       |  | you are using UST related work t   |                                 |                       |
|       | · · · · · · · · · · · · · · · · · · ·    | plumbing, construction of wastew   | ater treatment plants, earth mo | ving work and general |
|       | construction work.                       |  |                                 |                       |
| _     | Data of Familia massa                    |  | tion 1                          | т                     |
| a.    | Date of Employmen                        | t (month,day,year)   | rom:                            | To:                   |
|       | Employer's Name:                         |  |                                 |                       |
|       | Employer's Address<br>Employer's Telepho |  | Position Title:                 |                       |
|       |  | ile Nullibel.( )   |                                 |                       |
|       | Percentage of Time Spent Performing      | Briefly Describe the I   | Outies Performed While in Th    | nis Position:         |
|       | Each Duty                                |  | Average No. of                  | Hours Worked Weekly   |
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|       |  | LIOT D. C.                                     |                                 |                       |
| b.    | _  | UST Related Work - In the audicolonic limited to the considered closely related to |                                 | vork you have         |
|       | periorned should be                      | e considered closely related to  | JUST WOIK.                      |                       |
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| ORK EXPERIENCE (  | CONTINUED            |  | Copy Form as Nece  |
|---|----------------------|--|--|
| _   |                      | Section 2  |  |
| Date of Employment (  | month,day,year)      | From:  | To:  |
| Employer's Name:  |                      |  |  |
| Employer's Address:   |                      |  |  |
| Employer's Telephone  | Number: ( )          | P  | osition Title:   |
|   |                      |  |  |
| Percentage of Time<br>Spent Performing  | Briefly Descr        | ibe the Duties Performe  | ed While in This Position:   |
| Each Duty   |                      |  | Average No. of Hours Worked Weekly   |
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| Dave size D. 1  | IOT D-L ( LVV )      | la the energy of the second  | ata sules the end of   |
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| performed should be o   | considered closely r | eialeu to UST Work.  |  |
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|   |                      | Section 3  |  |
| Date of Employment (  | month,day,year)      | Section 3 From:  | To:  |
| Date of Employment (<br>Employer's Name:  |                      |  | To:  |
| · · ·   |                      | From:  | To:  |
| Employer's Name:<br>Employer's Address:   |                      | From:  |  |
| Employer's Name:<br>Employer's Address:<br>Employer's Telephone   |                      | From:  | To:osition Title:  |
| Employer's Name: Employer's Address: Employer's Telephone  Percentage of Time   | Number: ( )          | From: P  |  |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing                                 | Number: ( )          | From:Post  | osition Title:ed While in This Position:                                       |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time  | Number: ( )          | From:Post  | osition Title:   |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing                                 | Number: ( )          | From:Post  | osition Title:ed While in This Position:                                       |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing                                 | Number: ( )          | From:Post  | osition Title:ed While in This Position:                                       |
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| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing                                 | Number: ( )          | From:Post  | osition Title:ed While in This Position:                                       |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing                                 | Number: ( )          | From:Post  | osition Title:ed While in This Position:                                       |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing Each Duty                       | Briefly Descr        | From: Properties Performed   | osition Title:  ed While in This Position:  Average No. of Hours Worked Weekly |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing Each Duty  Persons Performing U | Briefly Descr        | From: Property of the Duties Performed Property of the Duties Perf | osition Title:ed While in This Position:                                       |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing Each Duty  Persons Performing U | Briefly Descr        | From: Property of the Duties Performed Property of the Duties Perf | osition Title:  ed While in This Position:  Average No. of Hours Worked Weekly |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing Each Duty  Persons Performing U | Briefly Descr        | From: Property of the Duties Performed Property of the Duties Perf | osition Title:  ed While in This Position:  Average No. of Hours Worked Weekly |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing Each Duty  Persons Performing U | Briefly Descr        | From: Property of the Duties Performed Property of the Duties Perf | osition Title:  ed While in This Position:  Average No. of Hours Worked Weekly |
| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing Each Duty  Persons Performing U | Briefly Descr        | From: Property of the Duties Performed Property of the Duties Perf | osition Title:  ed While in This Position:  Average No. of Hours Worked Weekly |
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| Employer's Name: Employer's Address: Employer's Telephone Percentage of Time Spent Performing Each Duty                       | Briefly Descr        | From: Property of the Duties Performed Property of the Duties Perf | osition Title:  ed While in This Position:  Average No. of Hours Worked Weekly |

| App  | olication for Underground                     | Sto   | rage Tank Worker Certification  |      | Page Three of Four                       |  |  |
|------|---|---|---|------|--|--|--|
| D.   | UNDERGROUND STORAGE TANK (UST) JOB REFERENCES |   |   |      |  |  |  |
|      |   | nis section is not applicable to those individuals using equivalent work experience or a civil or mechanical engineering egree to qualify for an examination. |   |      |  |  |  |
|      | If you are applying for an ins                |   | ST installation/repair jobs (three of ST work performed at separate                                     |      |  |  |  |
|      | If you are applying for a clos                | sure ce   | ertificate, you must list a minimum of five UST closury work performed at separate locations) must have |      |  |  |  |
|      |   | applying for an installation/repair/closure certificate, you must address b   |   |      | oth items listed above.                  |  |  |
|      | For Whom Performed                            |   | Type and Location of Jobs Performed   | P    | eriod Of Time When Work<br>Was Performed |  |  |
| 1.a. | Name of UST Owner/Operator                    | 1.b.  | Physical Location of Job  | 1.c. | From (month, day & year)                 |  |  |
|      | Mailing Address                               |   |   |      |  |  |  |
|      | Contact Person                                |   |   |      | To (month, day & year)                   |  |  |
|      | Telephone Number                              | 1   | Installation  |      |  |  |  |
|      | ( )   |   | Repair Closure  |      |  |  |  |
| 2.a. |   | 2.b.  | Physical Location of Job  | 2.c. | From (month, day & year)                 |  |  |
|      | Mailing Address                               |   |   |      | To (month, day & year)                   |  |  |
|      | Contact Person                                |   |   |      |  |  |  |
|      | Telephone Number                              |   | Installation Repair Closure   |      |  |  |  |
| 3.a. | Name of UST Owner/Operator                    | 3.b.  |   | 3.c. | From (month, day & year)                 |  |  |
|      | Mailing Address                               |   |   |      |  |  |  |
|      | Contact Person                                |   |   |      | To (month, day & year)                   |  |  |
|      | Telephone Number                              |   | Installation Repair Closure   |      |  |  |  |
| 4.a. | Name of UST Owner/Operator                    | 4.b.  | Physical Location of Job  | 4.c. | From (month, day & year)                 |  |  |
|      | Mailing Address                               |   |   |      |  |  |  |
|      | Contact Person                                |   |   |      | To (month, day & year)                   |  |  |
|      | Telephone Number                              |   | Installation Repair Closure   |      |  |  |  |
| 5.a. | Name of UST Owner/Operator                    | 5.b.  | Physical Location of Job  | 5.c. | From (month, day & year)                 |  |  |
|      | Mailing Address                               |   |   |      |  |  |  |
|      | Contact Person                                |   |   |      | To (month, day & year)                   |  |  |
|      | Telephone Number                              |   | Installation Closure  |      |  |  |  |
| 6.a. | Name of UST Owner/Operator                    | 6.b.  | Physical Location of Job  | 6.c. | From (month, day & year)                 |  |  |
|      | Mailing Address                               |   |   |      |  |  |  |
|      | Contact Person                                | -   |   |      | To (month, day & year)                   |  |  |
|      | Telephone Number                              |   | Installation Repair Closure   |      |  |  |  |

|       |   | Storage Tank Worker Certification   | Page Four of Fo  |
|-------|---|---|--|
| D.    | JNDERGROUND STORAG  | E TANK (UST) JOB REFERENCES (CONTI  |  |
|       | For Whom Performed  | Type and Location of Jobs Performed   | Period Of Time When Work Was Performed   |
| 7.a.  | Name of UST Owner/Operator  | 7.b. Physical Location of Job   | 7.c. From (month, day & year)  |
|       | Mailing Address   |   |  |
|       |   |   | To (month, day & year)   |
|       | Contact Person  |   |  |
|       | Telephone Number  | ☐ Installation☐ Repair☐ Closure   |  |
| 8.a.  | Name of UST Owner/Operator  | 8.b. Physical Location of Job   | 8.c. From (month, day & year)  |
|       | Mailing Address   |   |  |
|       |   |   | To (month, day & year)   |
|       | Contact Person  |   | To (monur, day & year)   |
|       | Telephone Number  | Installation  |  |
|       | ( )   | Repair Closure  |  |
| 9.a.  | Name of UST Owner/Operator  | 9.b. Physical Location of Job   | 9.c. From (month, day & year)  |
|       | Mailing Address   |   |  |
|       | 0.4.48  |   | To (month, day & year)   |
|       | Contact Person  |   |  |
|       | Telephone Number ( )  | ☐ Installation ☐ Repair ☐ Closure   |  |
| 10.a. | Name of UST Owner/Operator  | 10.b. Physical Location of Job  | 10.c. From (month, day & year)   |
|       | Mailing Address   |   |  |
|       |   |   | To (month, day & year)   |
|       | Contact Person  |   |  |
|       | Telephone Number  | ☐ Installation☐ Repair☐ Closure   |  |
| E. I  | EDUCATIONAL SUBSTITU  |   | <u>.</u>   |
|       | 1. Are you using a civil or mech  | nanical engineering degree from a recognized college or ur  | iniversity to qualify for certification?   |
|       | Yes 2. If yes, attach a copy of a dip   | No loma or provide records indicating that a degree has been  | obtained in civil or mechanical  |
|       | engineering from a recognize  | ed college or university.   |  |
| г. V  | including all supplementary any false information subm                                    | v that all statements, answers and representation information attached hereto, are true and accupitted on my behalf and verified by my signature d by the Department of Environmental Quality.  | urate; and acknowledge that<br>e is cause to have a                                |
|       | Signature of Applicant  | Date  |  |
|       | determined eligible by the F<br>each examination taken) mu<br>Certification. The check or | IMPORTANT qualify for an examination, they must first subremits Division for testing. In addition, an examination for Underground money order should be made payable to the December completed application) to: DEQ, Registrations 21-4313. | mination fee of \$132 (for<br>nd Storage Tank Worker<br>epartment of Environmental |
|       |   | re regarding the UST Worker Certification progr<br>Permits Section of the Water and Waste Permi   | <del>-</del>   |